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LECTURES
ON THE
PRINCIPLES AND PRACTICE
OF PHYSIC,
BY DR. ARMSTRONG.

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LECTURE 23.

THE subject of this Lecture will be the

Treatment of Gout and Rheumatism.

The treatment of gout may be divided into two parts, that which is best adapted to relieve the fit, and that which is best adapted to prevent a return of the fit. I must premise, however, that gout does not require always the same treatment; you must not, in fact, prescribe for mere symptoms, but for particular conditions in each case; and you will recollect, that as the affection called gout is different in its internal pathology in different individuals, so it requires a correspondent variety of treatment. The value of all general principles is, that we can make them bear upon particular cases; so that a man who possesses such principles will connect effects with their true causes, and prescribe accordingly.

If we must allude in some degree to the arbitrary and erroneous arrangement which prevails on this subject, gout is *regular* and *irregular*. What is called the regular gout, occurs with evidence of disorder in some portion of the mucous membrane of the primæ viæ, and the external sympathetic inflammation is generally in the great toe. That inflammation is acute in some cases and subacute in others, and then it is accompanied by fever proportioned to the degree of the external inflammation and internal irritation. In other cases, the inflammation assumes a chronic character, and the patient has no fever at all. Now if you find this affection occurring under the regular character, supposing it to be an acute or subacute form of external inflammation, in a young or middle aged subject, the following plan will answer, in many cases, the best purpose:—

1. Absolute rest in the recumbent posture, continued as long as there may be any sign of external inflammation and fever. Whilst the inflammation and fever continue, rest in the recumbent posture is a most powerful auxiliary.

2. The use of aperient medicines. Give about a grain, or a grain and a half, of calomel, with four or six grains of rhubarb at night, and a draught, if necessary, on the following morning, tepid, and composed of about an ounce of infusion of senna, with one drachm of the sulphate of magnesia, and a few grains of calcined magnesia; but if the tongue be at all red at the tip, a little cold drawn castor oil will generally be a more suitable laxative after the calomel.

3. Exhibit every night about a drachm of the wine of the colchicum seeds, but be sure to withdraw it altogether as soon as sickness shall supervene. Sometimes it is necessary to prescribe this dose twice a day.

4. Order a bland diet whilst any degree of fever shall continue. These are the means which will most frequently suffice to remove what is called regular gout, when it is of an acute or subacute form, without internal inflammation.

But it happens in some of these cases, which in common language are denominated the *irregular gout*, that

you have symptoms of actual inflammation in some internal structure, particularly in the mucous membrane of the stomach, or of the small bowels, which may be relieved by local bloodletting, by the application of leeches over the integuments of the affected parts, so long as the pain remain, with a red tipped tongue, a quick pulse, and a feverish heat of the surface. Indeed I have often thus applied leeches in gout advantageously, when symptoms of subacute inflammation of the internal mucous membranes existed, and in more urgent cases have bled the patient, or rather ordered bloodletting from the arm, with much benefit. But always consider the age and the habits of individuals. If the patient be young, or middle aged and robust, unbroken in his constitution, you may bleed with great propriety and advantage, either from the arm or by leeches, as the inflammation may require. If there be no signs of internal inflammation, bleeding will of course be unnecessary. Again, if the individual have had many attacks of gout, and have been a free liver, local bloodletting will generally suffice, where internal mucous inflammation shall arise. In regard to external applications, you will find that none are necessary, if you treat the patient properly and remove the concomitant disorder of the stomach, bowels, or liver, whether that disorder be local simple excitement, or a degree of inflammation of the mucous surface. The great discoverer of the circulation of the blood, HERVEY, seems to have put his foot into cold water when attacked by the gout, and I knew a physician who did the same, not only with immediate relief, but without any remote mischief from the practice.

There are cases on record where this practice has been productive of bad effects. PORTAL mentions an instance in which a patient was attacked by a fatal inflammation of the lungs. If an individual in health plunged his foot into cold water, and if a chill of the whole surface followed, excitement would eventually take place, and the blood would be circulated with greater velocity than natural, but all the internal organs being in a sound state, none would become inflamed; yet, on the contrary, if an individual having a weak organ were exposed to the same degree of cold, that organ would become inflamed during the continuance of the excitement, on the principle already and repeatedly explained. But inflammation, from the mere sudden change of temperature, might arise in some remote part through metastasis.

You will remember the fact I before mentioned to you, namely, that one individual, by changing the temperature of the parts alternately, could change the seat of gout from the wrist to the great toe. Upon the whole, then, it requires great care in adopting that plan of treatment, first, because inflammation may occur internally from excitement, and, secondly, from translation, connected with a deficiency of heat in one place, and an excess in another. The best local application is warm water and a little alcohol applied to the part, a mode of tepid ablution which produces great relief; take care, however, not to expose the leg naked at the same time. I have known inflammations of the mucous membranes of the air passages, and of the mucous membrane of the intestines, occur from exposure of the legs when the feet have been put into warm water, especially in a cold chamber. Indeed I am in the habit of telling delicate males to cut off the foot of a stocking and draw it over the leg, or of females, to cover the legs above with a flannel petticoat, whenever a lotion is applied to the feet in such cases.

I have seen a work which was published by a Dr. Stiedman, at Wells, in 1779, it is entitled "A successful method of Treatment for the Gout," and in the beginning of it he has adopted for a motto, "*Dolor est Medicina Doloris.*" He has recommended that a blister should be applied near the gouty toe, and he asserts that when the blister rises, the pain of the gout subsides. He says, "That nature seems operating to restore and establish the health generally by creating a particular sore." In short, this speculative Doctor would have one believe that the gout in the toe is an attempt of nature to make a sore, but that she has not sufficient power to establish it perfectly; as if the gout

were like lightning, going in flashes to the foot and other parts of the body, and that the blister was the conductor to guide and fix it on the extremity. An eminent surgeon in London, I understand, is in the habit of blistering in gout, and it is, seriously, a practice which deserves attention in chronic cases. The poetical doctor, of whom I have just spoken, appears to have been a merry fellow, for he says that there are two kinds of clothing for the gout, an external and an internal one, internal stimulants, and external irritants, the latter of which, in protracted thickening and stiffness, have perhaps been too much neglected in modern times.

The second form of gout is that which has been called irregular gout, which is most frequently connected with internal inflammation, or spasm. If, in such instances, you direct your attention to the internal organs, you will discover that the parts most liable to inflammation are the mucous membranes of the stomach, or of the small intestines; the inflammation being generally of a subacute kind, and therefore requiring minute investigation to ascertain its origin and progress, particularly when seated in a portion of the ilium. There is nothing peculiar in the treatment of this form of inflammation, for it will yield to local bleeding by leeches, and a combination of the other simple means which I formerly pointed out as the appropriate remedies, which will be alike successful here. I knew a physician who practised with very great success for fifty years, and his principle was, that the irregular gout was, generally, nothing more than an internal inflammation. Sometimes, however, spasms will be found to exist in gouty habits, from the remote causes formerly enumerated; if the stomach be overloaded with crudities, or distended with flatus, or irritated by acids, nothing relieves so soon as a glass of pure brandy. You may have violent colic produced from the same causes, and if you were to give a little brandy with opium, the symptoms in most instances would speedily be removed. Sometimes there are distinct evidences of congestion, the head being heavy, the secretion of the liver defective, the stomach distended, the skin pale, while the patient complains of lassitude and languor. In these conditions, you will find local bleeding, and small doses of calomel, followed by rhubarb, or Croton oil, have a good effect, but warm sinapisms should be applied a short time to the feet. The fact is, these supposed irregularities are not peculiar to gout, because they happen in individuals who never had the gout, but they are almost always associated with some disorder in the primæ viæ, more especially seated in its mucous tissue, as I endeavoured to illustrate in a former Lecture.

In the *chronic* form of *gout*, the chief remedy is the *regulation* of the patient's *diet and drinks*. If there be no fever, a light animal diet may be allowed, with a little bread, for dinner; the morning and evening meal consisting of a cup of black tea and bread, with very little milk or cream, and still less sugar. But if there should be any fever present, you must have recourse to a bland diet, one which will neither irritate the mucous membrane of the stomach or bowels, nor excite the heart's action. The next mean for the removal of chronic gout, is the *use of aperients;* and those which I have found to succeed better than any other, is a combination of rhubarb, and an alkali, with a little colchicum. The vapour bath, too, is a very good auxiliary, often tending to shorten the attack of chronic gout very remarkably. I knew one gentleman who had tried almost every thing, and found nothing shorten the attack so much as the use of the vapour bath.

As to the *prevention of gout*, I believe that a return of this affection is by no means *necessary*. Many persons have an idea, that because they have had one attack of gout, they must necessarily have another and another; but if any man would early and duly regulate his habits, physically, morally, and intellectually, I firmly believe, that in 19 cases out of 20, the gout would never return. The regulation of the patient's habits is by far the most important measure in the prevention of gout, and a return of which, I repeat, is not necessary. The way to manage such individuals, is more easily said than done, on account of

the difficulty of the exercise of self-forbearance. There is a man in Paris who is very successful in curing all the disorders of dogs. Ladies bring their lap-dogs to him, in their carriages, and say their pets are very unwell, and they do not know what is the matter with them. The man takes the dogs home, and locks them up in an airy room, gives them some water, a little bread, and a dry bone to pick; besides, by way of exercise, he makes them skip about, two or three times a day, under a little horse-whip, dexterously applied.

At the end of a fortnight he takes them to their mistresses quite well, active, and hungry, and though, says he, they are not certainly so fat as they were, they are quite well, I can assure you, on my honour as a doctor. (A laugh.) The man has made a good fortune. Now a management of this kind would generally prevent a return of the gout; but, to be serious—there are several points to be attended to in the prevention of this disorder.

1. The *Diet*. Regulate the kind, and also the quantity, of food. The food ought to be simple in kind, and moderate in the quantity; indeed more persons err with respect to the quantity, than the kind of food. One thing ought to be observed, namely, that those individuals who dine out very often never can be cured of gout; for you can never put the stomach, liver, and bowels into perfectly good order. Such an epicure tries to reason the case with you thus: why may not I eat a mutton chop or the wing of a chicken in company as well as alone? But the fact is, that he eats of three or four different kinds of dishes, and drinks of three or four kinds of wine; the present temptation of enjoyment overcoming all consideration of the future pain and penalty. The mastication should be slow, and an interval of four or five hours should exist between each meal, that one may be digested before another be taken.

2. The *Drink* should be attended to as particularly; all fermented and acid drinks should be avoided, and the quantity of drink too should be very moderate. If a person take a large quantity of slop, say three or four large cups of tea, in the morning, and the same in the evening, besides a considerable portion of fluid at dinner, the stomach must become very much distended and disturbed indeed, in many cases. Moderate, then, the quantity of fluids. It is of great consequence also that the water which the patient drinks should be pure, and even that in which his vegetable and animal food is dressed. I have seen the health of many persons very much improved by attending to the water which they drank, and that which was used in cooking. The bread should be home-made, or Le Mann's, which is the best in London.

3. A third point to attend to is the exercise; a certain portion of which, in the open air, is necessary, in order to secure a healthy digestion.

4. The sleep is another circumstance worthy of consideration. If a man sits up late, first the nervous system becomes irritable, and secondly, the stomach, liver, and bowels perform their functions irregularly, and in that way, very often, gout is induced.

5. The management of mind is highly important. All, perhaps, that a medical man can do here is, to tell the patient that he must avoid all those occasions which, from experience, he knows to disturb his mind. This cannot always be done to the desired extent, but the business of true philosophy is to communicate serenity of mind amidst "the hum, the shock of men," amidst the tumult and turmoil of the world.

6. The sixth circumstance to be attended to is, the air, which, if possible, should be refreshed in his apartments by ventilation, and that never can be done effectually but through the aid of an occasional fire. A temporary residence, now and then, in the country, is of great benefit to all cockneys affected by the gout.

7. A seventh thing is to regard the correction of acidity, as it often proves a source of great uneasiness to the patient, and prevents the due performance of the digestive functions. Medically, nothing answers better for this purpose, than to give gr. v. of rhubarb, and gr. x. or xv. of the carbonate of potash, in a little aromatic water, before or after dinner, by which acidity is prevented, provided no errors be committed in diets and drinks; if there be a torpid state of

the colon, give a pill daily, containing two parts of aloes and one of mastich, made in a pill with tincture of gentian and a drop of the oil of cloves.

8. The clothing is a material point too, in the prevention, for gout is often induced by the change which takes place in the surrounding temperature, which, through the skin, disturbs the stomach, liver, and bowels, and brings on an attack of gout. Moderately warm clothing, therefore, is necessary.

9. Bathing is a very powerful mean in the prevention of gout, especially bathing in tepid salt water, gradually reduced to a temperature of about 60°, provided the patient feel warm and comfortable after its use. It renders the person far less susceptible of changes of the atmospherical temperature. By a combination of these means, many individuals whom I know have entirely escaped a return of the gout. Many erroneously suppose that an attack of gout is healthy, because they feel better after it, and they do so just on the same principle as the dog did by starvation and whipping. Let the stomach be kept in good order by simple and wholesome diet, and gout will be certainly avoided, an affection which is immediately productive of much suffering, and which, remotely, not only cripples patients, but shortens their lives.

Treatment of Rheumatism.

Rheumatism was before divided into three forms, the acute, subacute, and chronic. In the acute form, if the individual be young and robust, you may draw blood with great benefit in the beginning, according to the degree of inflammation and fever. Bleed the patient decisively, and you at once make an impression on the disorder. If the inflammation should be subacute, and the fever not high, local bleeding will only be necessary. 2. The exhibition of aperients is necessary, and for the first day or two, nothing is so good for this purpose as calomel, rhubarb, and the sulphate of magnesia, with senna. 3. Regulate the temperature of the apartment, because if the temperature be not properly attended to, patients may be liable to attacks of inflammation of the pericardium. The best temperature in which to keep the chamber is from 60 to 62°. When a patient is much weakened, you should be most careful about the temperature, especially when he has occasion to get out of bed to the night stool; it is much better in such cases to use a bed-pan, particularly where the skin is moist, and the weather cold. I think that made by Weiss in the Strand is by far the best bed-pan which I have seen for the purpose. Bleeding, then, locally or generally, and the use of aperients, are the two first measures to be employed, and the third is the use of *colchicum*. This may be given at night in moderate doses, the same precautions being attended to which I before mentioned; in a word, you must leave it off as soon as any sickness is produced. 4. The fourth means is a blister, which seems to remove the inflammation hanging about the joints under a more chronic form.

When you have succeeded in removing the violence of an attack of rheumatism by bleeding, aperients, and colchicum, you must treat it more cautiously afterwards; you must not be guided wholly by the appearance of the blood, which will be buffed to the last in rheumatism; but you must then adopt mild measures day after day, and attend to the diet, temperature, bowels, and sleep. This simple plan, with the assistance of laxatives and a little colchicum, will almost invariably succeed. But do not continue the colchicum long, otherwise it will do harm by disturbing the stomach and breaking up the general strength.

Chronic Rheumatism.

The main thing in chronic rheumatism is to regulate the diet, in the way which I have mentioned with respect to gout, namely, it should be simple in kind and moderate in quantity. A patient affected by chronic rheumatism should keep his bowels regularly but mildly open; and if he cannot do this by diet, and the attempt to obtain an evacuation at a certain hour, the compound rhubarb pill of the Edinburgh Pharmacopœia, or the compound aloetic pill of the London Pharmacopœia, will be found proper aperients.

3. A third point is exercise; the patient should take exercise in the open air, for it tends not only to establish the health, but to remove the pain and stiffness about the joints, when carried so far as to produce a gentle and a general perspiration. Where exercise fails to produce this effect, the vapour bath will be found an excellent remedy, followed by friction and motion of the affected joints. Blisters are sometimes useful. Acupuncturation has done much good in many cases, and the French have recently made an improvement in that process, by allowing the minute needles to remain in the part for some time, and certainly experience has proved the superiority of this practice.

There is a remedy which is very popular in some parts of the north of England for the sciatica, which is a caustic issue placed beneath the head of the fibula, between that bone and the ridge of the tibia; if an issue be made there it will generally succeed in removing the sciatica as far as I have observed. Though now a popular remedy, you will find that it is recommended very strongly by Cotunnius, and I can assert its utility in several obstinate cases.

Other means are very useful in chronic rheumatism, as the warm salt water bath; if an individual be near the sea during the summer, and use the warm salt water bath three times in the week, and continue it for two or three weeks, at the same time attending to the regulation of his diet and sleep, he may often succeed in getting rid of the complaint. Sulphureous waters used externally and internally have sometimes a very good effect, as the Harrowgate waters. If these means have been fairly tried there will be seldom any necessity to recommend a change of climate; but if they should fail, then send the patient, if practicable, into a milder atmosphere, which will be very useful. Patients and medical men, however, are apt to look for advantage to things at a distance, and to neglect the removal of those circumstances which prevent or retard the recovery at home; therefore, try every means at home first, and be sure not to rely on a merely medical treatment, but attend most strictly to the diet, the proper management of which will alone sometimes remove chronic rheumatism, aided by the cautious use of the colchicum and the vapour bath.

LECTURES
ON
PHRENOLOGY,
BY
DR. SPURZHEIM.

LECTURE 3.

(The Doctor repeated briefly what he had said in his preceding lecture on the antiquity of the doctrine which assigned to the mind a plurality of forms, and on the influence of the constitution, or temperament, in determining the degrees of activity of these powers; he also remarked, that exercise, and the mutual employment of the mental faculties, had the greatest influence in increasing their activity.)

Ladies and Gentlemen,

I shall now mention how we may distinguish the nature of the different functions by the external signs. When speaking of size, Ladies and Gentlemen, you will recollect what I said of the different dimensions; you must not attend merely to an elongation of the cerebral parts, but regard also the breadths; the cerebral parts may be long and narrow, or short and broad; or they may be short and narrow, or long and broad. Experience shows that these differences of size exercise an influence on the manifestations of the mind; and I certainly prefer cerebral parts which are thick to those which are merely narrow and elongated. Moreover, in considering the size, you must not confound protuberances with development; you must form a clear idea of what is called a protuberance in phrenology. Protuberances do exist, and we must see how they exist: if a cerebral part be more developed than the neighbour-

ing parts, then there is corresponding protuberance of bone over that part. Yet recollect, that the development may remain equally full in that part, and the neighbouring parts being as well developed, the whole surface will be smooth, and you will not have a protuberance. (The distinctions between protuberances and development were then illustrated by referring to two casts.) The development of these parts is the same in both skulls, but the other surrounding cerebral parts are larger in the one than in the other; therefore, in judging of the influence of size on the manifestations of the mind, you must take this into account. The protuberance is more conspicuous in the first, because the neighbouring parts are all small. Look at these skulls, the one has a more marked protuberance than the other posteriorly, yet if you were to draw a line over the middle of the head, you would find more brain in the occipital region of that head on which the protuberance is least apparent, because there is a greater development of the surrounding parts. The finest heads may have no protuberances whatever, and the smaller heads have certain parts larger, apparently, than the same part in the finest heads.

These distinctions being admitted, we come now to the question—which are the fundamental powers? Can we ascertain these fundamental powers of the mind by the degree of the cerebral development? We admit that it is difficult, but like other difficulties in phrenology it must be overcome by an observation of nature. Can we discover them by reasoning? No, it is impossible. We must also admit, that the reasonings of the schools have, so far from accelerating, prevented the discovery of the functions of the brain. Men shut themselves up in their closets; they take partial views of a science, and they try to make nature bend to their opinions, but nature goes on unaltered. In all systems of philosophy, if you trace them from the most ancient times to the present, you will find that there is a peculiar tendency to generalize ideas, and the explanation given of the mental operations is also general; and here I must say, that all general notions are vague. Go to the animal kingdom, and ask philosophers, why animals do various actions? their answer is, by instinct. Ask, why some animals confine themselves to certain situations? and they will say, they do so by instinct. Other animals migrate; it is by instinct. Some make provision for the winter—by instinct; others sing and make no provision for winter—by instinct.—Instinct, according to them, is the cause of all the various actions of animals; instinct explains every thing. Will you be satisfied with such information, or with being told that one condition of the brain produces all these actions? If we see that a young duck, when hatched by a hen, runs into the water, and that the birds which sing make no provision for the winter, and that other animals place sentinels to give the alarm on the approach of an enemy—do not these things show, at least, different instincts? If we cannot grant positive knowledge to the animal kingdom we must grant that they have *determinate instincts*. Again, if I were to say to you I have an animal in my pocket, would you not ask, what animal? If I were to tell you it was a bird, would you not ask, what bird? and then you would go on to ask the genus, the species, and the variety. If I were to say I have a sensation, might you not ask, what sensation? If a person in writing natural history were to say, "the river runs down the mountain," or, "the circulation of the blood exercises motion," would that explain to you the causes of the different motions? In natural history, we all allow that it is necessary to specify our knowledge, and then we soon become able to understand each other; but if we were to speak in a general way, we should learn nothing. No person denies that intellect is necessary to enable a person to excel in the fine arts; but how does it happen that one man excels in painting, another as an artificer, another as a poet; and that the man who can make good poetry may be a bad mathematician, whilst the man who is a good mathematician cannot compose a musical instrument. I know that this is all explained by the use of the terms understanding and intellect, and what do you learn by that? I

shall speak more of particulars, and as I proceed shall show why philosophers are more fond of general statements than particulars. I do not mean to say that the things mentioned by philosophers do not exist; there is understanding, and there is intellect, but I do insist that we must specify the particular sorts of understanding, and then we shall find that *particular understandings* are attached to *particular instruments*, and that is the whole.

If you trace the senses of hearing and seeing, you will find a peculiar apparatus fitted for them, and physiologists have adopted this mode of investigation, and have found peculiar organs destined to peculiar secretions. Dr. GALL, and his predecessors, have for a long time looked for the organs of certain powers of the mind, as memory, attention, &c. There is attention, but you will see that the attention of individuals is not equal; some capable of attention to some objects but not others; these views were too general. Gall looked for organs of attention, of judgment, and memory, but he never could succeed; and here we come to the great step at which errors have crept in, of which I shall hereafter give you my explanation. Not being able to compare the individual parts with the individual mental powers mentioned in philosophy, he compared the actions of men; and do we not observe that from childhood some persons show particular dispositions to certain pursuits, whether to mathematics, to poetry, to painting, to music, and so on; do we not observe that persons are born mathematicians, as it were, and that they are born poets and musicians; it is universally admitted that all genius is born, and that those persons who excel in any departments of the sciences show talents for them before they receive education. This has been a very ancient doctrine, but then the ancients went too far; they said that all ideas are innate; we do not say this, we only maintain that individuals show particular dispositions—not that every idea is innate. Do we not find that children show the different feelings in different degrees? and what parent is there who has not observed differences in the dispositions of his offspring? or who that has taken an interest in the education of children has not seen propensities to certain actions in them, some good and some bad? if they do not bad things, it is because they are told not to do so. It must have been seen that individuals are more or less inclined to different actions. Then Dr. Gall observing that certain persons having certain dispositions extremely active, he examined their heads, and if he distinguished in their heads individual cerebral parts larger than others, he concluded that such parts were destined to such actions, and this was the first idea—the very rudiment of phrenology, which was soon made public. The objections which have been made to this first part of the study of phrenology are still adhered to by our opponents Dr. Gall's nomenclature is imperfect in some respects, but not in all, and it should be remembered, that experience has established many points which were at first conjectoral, and refuted others. Dr. Gall spoke of an organ of cunning, as he observed persons more cunning than others, and the same of benevolence and religion, and he still speaks of the organ of religion. Other persons have dispositions to actions which are criminal. Dr. Gall observed that some persons liked to steal, and he therefore spoke of an organ of theft. He remarked that those individuals who exist by one sort of actions have particular parts developed. However, on reflection on the subject, we must admit that there is no one power whatever which decides or constitutes the whole character; that there is no single power which produces the actions, but we shall find certain modifying powers; although in certain determinate characters there are some individual powers much stronger than others.

Now it is really the case, that certain lower feelings are very active in certain individuals, which feelings, if not combined with others, will produce the strongest proofs of their existence, and in animals, where the individual powers are not much combined, certain peculiarities of organization have been observed, and certain organs, as they are called, have been pointed out; names have been given to them according to the names

given to the actions towards which they furnish the propensity. But I repeat, that the powers of individual parts never constitute the character, in man, and that in speaking of character we must compare the whole of the powers, for some exercise a great controlling influence over others, but we shall find in different persons certain powers much stronger than others, and it is the object of phrenology to point out such powers. It is the most difficult point in phrenology to point out these *fundamental powers.*

The Fundamental Powers.

The object of phrenology is to point out the fundamental powers, and to point out the formation of the brain necessary for the development of the mental powers. (After a repetition of the argument advanced at the close of the preceding paragraph, the Doctor proceeded.) I shall now examine the number and the nature of the fundamental powers. I shall speak of some powers which have never been considered as fundamental, and I shall attempt to show, that some others are not fundamental which have been so considered. If I speak of an individual organ, how can I know that such a part is destined to a peculiar function—to a particular mental power? Merely from experience. We know that the eyes see, that the ears hear, and so on, from experience, and so of other parts of the body. Now I say, if we find in nature that certain manifestations of feeling take place in certain species of animals and not in others, and if we find that certain powers are peculiar to mankind, not being found in other animals, and if we find that the same sort of manifestations go on differently in different individuals, do you not think that we shall find some diversity in their heads. All mankind have the same powers, hence we can only speak of their modifications, as far as they differ in degrees of activity. You well know, I dare say, that the English nation has the same powers as the French, or other nations, but these powers may be stronger in some nations than others, and hence these constitute what is called the National Character. Persons come to me who have not studied the subject much, and say, have I such an organ? have I such a power? I always say yes. (A laugh.) That is true, that organ does exist; but the question should be put in a phrenological way—have I this or that organ small or large in proportion to the other organs? Females have the same organs as men, but we shall find several feelings stronger in them than in men. We must compare and see that the activity of one organ is proportionate to the degree of activity in different organs. If we examine comparative anatomy and comparative physiology—if we compare man with animals, we shall observe the same things. There are some persons who do not like the comparing of man with animals, but we must admit man to be an animal to a certain extent. I say to those persons who do not like the comparison, give up eating and drinking, because animals do the same. (A laugh.) Many feelings are common to man and to animals; in philosophy it is difficult to separate man from animals, but distinctions can be made in phrenology. Animals have sensations in common with man, and so far may be said to partake of mind, but there was a time when this was not at all allowed; it was said that instinct did every thing, and that they had no intellect. Animals have instincts and men have inclinations, if you will change the term. Instinct has been admitted to be an internal impulse to do something, giving a tendency to certain actions, and we shall find certain powers in man which impel him to act, and you may, if you please, call them inclinations. Do not animals distinguish things around them? Do they not distinguish their enemies from their friends—their masters from others who do not treat them kindly? So do men. We should compare man, to a certain extent, with animals, for the functions of the greater part of the brain are destined to animal feelings. We may look also to what is called physiognomy, by which is meant, the study of the mind by the countenance; it is a doctrine which is very ancient, but which has not yet been reduced to principles. If you ask persons,

whether there is any thing to be gained by physiognomy? some will say yes, and others no; but every one is in some measure a physiognomist, for every one forms an opinion of another from his first appearance. If you turn to animals, you will see that they are also physiognomists, but in a less degree. If you say to a dog that you will punish him, and look at him in good humour, he will not think you are angry; but look at him as you would when angry, if you wish him to be silent, and without speaking at all he is silent. A child knows, by the expression of the countenance of his parent, whether he is angry with him or pleased. We often say, when we mingle with society, that we like this man or dislike the other; but if asked, why? we say we do not know, there is something in his countenance. This sort of knowledge is only to be gained by the observation of nature, and I should be inclined to call it the natural language.

We never neglect pathological facts; if we find that individual functions become deranged, we often find uneasy sensations complained of in certain parts of the head: we have many facts showing this. I would not depend on these only, but, taken in connexion with all the other proofs, this ought not to be neglected. I give you these considerations now, in order that it may not be necessary for me to repeat them hereafter; these are given in a general way. It may be asked, on what authority do we entertain these opinions? Not on our own;—we disclaim that; we have no other authority than nature. If any person wishes to have self-conviction he must observe nature for himself; there can be no self-conviction, without self-consideration. Whatever differences of opinion may exist among phrenologists, they must be decided by an appeal to nature. If Dr. Gall chooses to say one thing, and I choose to say another, a third might say, I will see for myself. If the brain be necessary for the manifestations of the mind here, it is necessary in every other place. Nature makes no exceptions to satisfy our caprices. This is sufficient to show the great advantage of making collections. In going through nature any one may see the great diversity of form, and he should, when noticing the individual forms, notice also the individual development of particular powers, and if he wish to have these proofs by him, he has only to take the casts from nature. Now in this respect you have a great facility for studying phrenology here; you have a finer collection of casts belonging to Mr. Deville than I have ever seen in any other place. A person may, with a small number of casts, learn to distinguish the different prominences, and most striking peculiarities; but if he wishes to become a sound phrenologist, he must multiply his opportunities, and if he find his observations confirmed, he may be satisfied that they are correct. There is no other way of arriving at a correct knowledge of any thing. Look into natural history, look at chemistry; the same experiments being repeated, and attended with the same results, are set down at last as positive truths. So in phrenology; if we find the same manifestations connected with certain parts in different persons, sexes, and nations, then we set them down as truths.

With respect to many individual parts, I have been certain of their functions for a long time, and I could challenge any one to bring me an exception, but of some others I will not speak so decidedly. In speaking of the powers of the mind, I wish to arrive at the fundamental actions; this is difficult, as I have before mentioned, but when I speak of the fundamental powers, do not conceive that I mean to speak of their *application*; that is a point commonly misunderstood. I wish merely to speak of the powers themselves, without any application of their actions, whether good or bad. People often say to me, have I such organs? are they good or bad? I cannot say that the powers and organs are bad or good. Good and bad cannot be applied to the powers themselves, but only to their actions; we cannot say that the appetite for food, or the senses of seeing and hearing are bad, but if we eat too much, that is bad; if we see things we

ought not to see, and listen to things we ought not to hear, they are bad. (A laugh.) My opinion is, that every thing, as it is arranged in nature, is good, and that the abuse of it is bad, and that there is no power of the mind that may not, by its improper application, produce abuses and disorders.

We must distinguish the powers themselves, and another great difficulty which I find here, is in the nomenclature, to give exact names to these powers. Philosophers have merely spoken of the general manifestations of the mind, and have given names to them; but we must be more particular, we must specify the powers, and hence we are obliged either to speak in circumlocation, or to give new names. Some people say that they do not like new names, but if I have an idea, must I not give it a sign. If the first man gives names to all things known to him, and if in future ages things are discovered not known before, must we not name them? I will not, however, dispute about names, only let us have the powers kept distinct; I am ready to change new names at any time, if any person will suggest better. I consider it very important to have a good nomenclature; but let us have first clear ideas, and then let us try to find names to express our ideas. In speaking of the individual parts, it is necessary to follow a certain order, but that is not of much importance, although some persons are attached more to the order in which things are arranged than to the things themselves. Beginning at the base and going upwards, we shall enumerate the individual organs. Dr. Gall has already spoken of the individual organs, according to their local situations. Those who have got casts have remarked externally the different divisions of the superfices of the head. Many people think, that because the organs are marked on the surface of the skull, that they are really situated on the surface of the brain, immediately below the place marked; but the organ itself occupies the whole of that part of the brain situated below the marked place. These (pointing to a cast on which the organs were marked) are merely the indications where the individual organs lie. In the middle line of the head you see that the organs are all marked single, but they are double; the hemispheres being separated by the falx, the portions of brain, the seat of the powers, being on each side, therefore they are double.

In the next lecture, I shall begin with the individual organs, and shall endeavour to make you understand my arrangement of them. I think the plan of speaking of the organs in numbers is objectionable on this account: two phrenologists might enumerate the organs in different ways, and would number them accordingly, as they began from the base of the brain or forehead; consequently, although they both acknowledged the existence of the different organs, they would number them differently, which would induce some persons to think they were talking of different organs, and that they have not agreed in the fundamental powers, merely because they have not numbered them alike. Phrenologists should never speak in numbers on this account, although it may be a little more convenient. Let them speak of the powers themselves, and then they will all agree.

I shall follow an arrangement founded upon a philosophic consideration of the fundamental powers. I do not believe that all the powers of the mind have judgment. The ancient philosophers have made a division of the mental operations; they have spoken of the heart and of the head, of understanding or intellect, and will; I speak of two sorts of powers of the mind, and I think they are essentially different from each other in their nature. I speak of certain powers, called in English, *feelings*, and of others called *intellect*, and we shall see that the feelings depend upon the brain as well as the intellectual powers. Modern philosophers admit no difference; they confound the feelings with the understanding, and, by so doing, commit a very great error. They exist perfectly distinct and separate, but they depend upon the brain. Every body will allow that the understanding depends upon the brain, but

if you say that the feelings depend upon the brain, they object to it. Yet phrenologists may maintain, that it is infinitely more easy to prove that the brain is necessary to the feelings than that it is necessary to the intellect; and I am sure, that if any man will pay attention to the subject, before six months are at an end, he will be convinced that the feelings do depend upon the brain. Indeed we shall find, that the organs of the feelings are even larger than those of the intellect in the majority of persons, and hence we see the great care of the Creator in providing men with such feelings as induce them to take care of and protect themselves. What is the most frequent cause of our actions? Is it understanding? is it reason? No; the feelings are the motives of our actions with respect to ourselves and the beings around us; hence I shall speak of the *organs of the feelings* in a *certain order*; and then of the organs of the *intellectual powers*.

An essential thing to bear in mind respecting the feelings, is, that they are blind. No feeling judges; I dare say every one knows what I mean by saying that the feelings are blind. There is a difference between the feelings. Some powers of the mind give impulses merely, there are others which modify them. Such as give impulses are what are called in phrenology *propensities*, whilst other *feelings* are styled sentiments, by which the propensities are modified. More, there is an essential idea relative to the feelings. We cannot subject them to the senses. Try to explain what hunger is, what fear is, or what anger is, or what benevolence, or what veneration is; it is impossible to bring them before the mind; the feelings must be felt. We must observe and see the manifestations, and if we find that certain manifestations are permanent throughout mankind, we must admit such to be primary or fundamental, whether we feel them or not. I shall begin, in my next lecture, with the first genus of powers, the *propensities*, the organs of which are situated at the back part of the head.

REVIEW.

An Essay on Venereal Diseases, and the uses and abuses of Mercury in their treatment: illustrated by Drawings of the different forms of Venereal Eruptions. By RICHARD CARMICHAEL, M.R.I.A., Vice President of the Royal College of Surgeons in Ireland, &c. &c. London, 1825. 8vo. pp. 376, 2d Edition. Longman and Co.

ALMOST forty years have now elapsed since the appearance of Mr. HUNTER's book on the venereal disease, in which some allusions to other diseases, usually confounded with it, were promulgated.* Very little attention, however, seems to have been directed to these affections till the publication of Mr. ABERNETHY's essay, nearly 20 years afterwards.† Since which period the subject has been cultivated with considerable ardor, particularly by the Army Surgeons, whose unparalleled

* John Hunter's work appeared in 1786. At page 567, he says, "Other diseases shall not only resemble the venereal in appearance, but in the mode of contamination, proving themselves to be poisons by affecting the part of contact; and from thence producing not only immediate consequences similar to buboes, but *remote* consequences similar to lues venerea." His observation is illustrated by several applicable cases; one of a gentleman who inoculated himself with the matter of *yaws*, and who had all the symptoms that are commonly called *secondary* of syphilis,—nocturnal pains, nodes on the tibiæ, scabby eruptions of the body, and ulceration of the throat. Mercury afforded no relief. Other cases of varied origin are also adduced."

† Mr. Abernethy's book appeared in 1804.

opportunities for investigating the venereal disease, under its various forms, with the candour that appears to have directed their inquiries, must naturally obtain for their opinions the respect of the profession. Soon after the appearance of Mr. Abernethy's book, it was concluded that the essential difference between syphilis and the diseases which were said to resemble it, consisted in the former requiring mercury for its cure, whilst the latter were either injured by it or might be subdued by other means. It has since been proved, however, that even syphilis itself will yield to medicines which, at this period, were supposed only to be capable of curing its sequelæ or the diseases confounded with it; and Dr. CLUTTERBUCK, in a pamphlet published in 1799, appears to have almost anticipated what has since been proved, viz. that every form of the venereal disease may be cured without mercury. "I have seen cases (says he) which induce me to believe, that the venereal disease, in some of its stages, *may get well without mercury, or any other remedy.*" So long, therefore, as a disease appeared to exist requiring mercury for its cure, whilst others resembling it might be subdued by other means, it must have been conceded that they were essentially different in their natures, although they might agree in some of their symptoms, appearances, or modes of attack, notwithstanding the latitude which idiosyncracy would give to opinions of their identity. But since it has been proved that every form of the venereal disease may be cured without the exhibition of mercury, we think the belief in a multiplicity of contaminative agencies wholly unnecessary in accounting for the varied appearances which it occasionally assumes—recollecting, as we must, the variety of constitutions upon which it operates, and the many accidental circumstances which must control or modify its progress, its appearances, and its results. If it can be proved, however, that syphilis is as constant in its general manifestations as variola, or if, by the inspection of an ulcer, the precise appearance which the constitutional form of the disease will assume can be anticipated, and if it can be proved that *other* ulcers, differing from the chancre, will assuredly, in all cases and in all constitutions, produce *other forms* of the constitutional malady—then it will be clearly proved that there are varieties of poisons, inasmuch as a constant event cannot always arise from a variable state of its cause, or from the variety of constitution upon which that cause may operate. Now syphilis does not follow the laws of febrile diseases, although in its origin, or mode of induction into the system, it may agree with a few of them in some faint particulars; and it is well known, that the ferment which it appears to produce in the lymphatic system is wholly, or for the most part, unaccompanied by fever; that, unlike some of the exanthemata, it has not the power of arresting, or holding in abeyance, the progress of co-existent maladies; on the contrary, it must be obvious to all who have paid much attention to the subject, that it does, in fact, sometimes amalgamate

itself with the prevailing disease of the constitution, by which both lose their specific characters, and thus become, in reality, a new disease, requiring new modes of procedure for its cure.—Witness the yaws, sivvens, or the various modifications of syphilis in scrofulous habits, and many others. Whilst the lues, then, may be thus modified by the prevailing disease of the system, it seems probable that a perfect uniformity in its constitutional exhibits can seldom be anticipated, or that the same ulcer will *always* produce the same general appearances, when so many circumstances may conduce to its assumption of different ones. The specific character of an ulcer can be but a faint indication of the precise constitutional appearances that are to follow, for, in many instances, secondary symptoms, as they are called, have occurred without the intervention of primary ones, that is, without any ulceration whatever; and as we do not know how often this may happen, the prognosis from the appearance of an ulcer can never be absolutely certain or definitively conclusive. Besides, it is by no means certain, that one ulcer will engender another like itself, or that venereal poison, from any specific source, will always produce the same appearance of disease, or similar constitutional effects; and it cannot, therefore, be admitted, that *any* specific kind of ulcer will be constantly followed by constitutional symptoms of a precise character, or any local disease *sui generis*, or resembling itself in every point, or indeed in those which are looked upon to be most unvarying. Soldiers," says Dr. HENNEN, "are gregarious in their amours, and we have frequently several men, at the same time in hospital, affected by the same woman, with whom they have had connexion in very rapid succession, *some of them had one kind of sore, some another, and some both.*" * And, according to Mr. HUNTER, it is uncertain whether the virus of a chancre will produce an ulcer like itself, or unlike it, or whether it will produce gonorrhœa, or any other form of the disease. Mr. CARMICHAEL, however, seems to think (and he would appear to have made up his mind more from the *history* of the disease than from observation and reflection) that *his true* poison of syphilis is alone capable of producing the true venereal disease, and that it is, in this respect, as constant as "the needle to the pole it loves."—Let us therefore take a brief glance at its history.

The venereal disease is said to have made its first appearance in Europe toward the end of the fifteenth century, viz. about the year 1494 or 5, and to have spread in the same manner and with the rapidity of the pestilence. It is pretty plain, however, that the various accounts which have reached us respecting its origin are but so many fables, and that what has been said respecting the siege of Naples, and the crews of Columbus, is equally devoid of foundation. Ulcers on the genitals are mentioned by many ancient writers,—Greek, Roman, and Arabian; and in the annals of England there is the clearest

* Principles of Military Surgery, page 525.

proof of the existence of one form, at least, of the venereal disease. It was the subject of legal provisions as early as the year 1162, "which laws (says Webster) are still extant, and were then only a renewal of those *which were still more ancient.*"

In the records of the Lordship of Winchester, there are many regulations respecting the stews which were authorized to be kept in Southwark, one of which expressly prohibits any "stew-holder to keep any woman that hath the *perilous infirmity of* (brenning) *burning.*"*

In a book written from a manuscript about 1430, in possession of the Bishop of Winchester, one article begins thus: "De his qui custodiunt mulieres habentes nephandum infirmitatem;" it goes on, "*Item*, That no stew-holder keep noo woman wythin his hous that hath any sickness of *brenning*, but that she be put out, upon the peyne of make it a fyne into the Lord of a hundred shillings." ARDEN also, who was physician to Richard II. and Henry IV., between 1377 and 1413, speaks of a "certain inward heat and excoriation of the urethra." This disease was called a *burning*, and went by that name till the middle of the 16th century.

Here gonorrhœa is obviously described, and there can be no fallacy respecting it. We are satisfied that this disease is essentially different from syphilis; but we cannot dwell upon the topic now, as it is rather irrelevant to the subject under consideration.

The same author (Arden), says Beckett, "takes notice of those contumacious ulcers which we now call chancres; and the great trouble our ancient authors found in attempting their cure sufficiently discover them to have had their original from a venereal infection." He then goes on to give an extract from a Latin manuscript in Lincoln College, Oxford, dated 1430, in which T. Gascoigne, the Chancellor, states, that he knew many men to die of a disease gotten by a connexion with women, which caused a putrefaction of the genital organs and of the entire body, among whom was the celebrated John of Gaunt. It appears further, that the disease affected the skin, the bones, and every part of the body, and was confounded with the leprosy. It was the practice of the physicians to smear the ulcers with mercurial ointment, which frequently produced salivation, and to their utter astonishment these ulcers healed, *unexpectedly*, because in the leprosy they had found mercury rather injurious than useful. Nodes on the shins were also known, and were termed by the old English writers the boon, or bone hawe, "a name (says Beckett) which gives a perfect idea, not only of the part affected, but after what manner it was diseased, for the old English word *hawe* signified a swelling of any part."* But there is not the shadow

* *Burning* is a modern orthography, the ancient was *brent, brenning*—so Chaucer wrote it. Canterbury Tales, 2127, and in other passages,—

"The fires *brent* upon the auter bright
"That it gan all the temple for to light.'

* See Philosophical Transactions, No. 357—Badham's Memoirs, vol. vi.

of a doubt that a species of this disease existed in England as early as the Norman Conquest, and probably in other countries of Europe. Not a medical work of that period, however, if any was written, has survived the ravages of time.

It is said, by European authors, that this disease was prevalent among the natives of America when the Spaniards first visited the country. It is somewhat strange, however, that ULLOA, in his voyage to South America, Book 6th, declares, that "the venereal distemper is seldom known among the natives," although so common among the Spaniards as to have lost the infamy attached to it in other countries.*

Some writers will have it, and Mr. CARMICHAEL is one of the number, that these facts do not furnish sufficient proofs of the existence of the *proper* venereal disease in Europe, previous to the termination of the fifteenth century; now we, on the contrary, see no reason to believe that the distemper, which attracted so much attention in those days, was any thing more than a modification, or aggravated form, of the venereal disease, as it had previously existed; and we are the more inclined to this opinion, by observing, that diseases do now and then alter their types, and appear under forms of unparalleled malignity, and what is most remarkable, according to some authors, in the very year assigned for the appearance of lues venerea, an epidemic leprosy overran Germany.

Besides, admitting the importation of the venereal disease by the crews of Columbus, its *rapid extension* remains to be accounted for. A disease which could spread only by *contact, and that under such particular circumstances*, could never have moved with the celerity that has been assigned to it; however profligate* the manners of the times may then have been, the intercourse between nations was by no means so common as now, and consequently its rapid progress through Spain, Portugal, Italy, France, Germany, England, and Scotland, cannot even in *belief* be sustained for a moment; nor needs it, for, in good truth, there is every reason to believe that the disease was prevalent enough in those countries prior to the time of Columbus.

We see no reason then to conclude, that the venereal disease of 1494 or 5, was any thing else than a modification of some form of the pre-existent disease of Europe. Neither can any inference concerning its difference be now drawn (as has been already shown) from the effects of mercury on the various forms of this disease. Nor can any satisfactory or sufficient theory be built on the basis which Mr. CARMICHAEL proposes,

390—Webster, vol. ii. 440—Astruc de Morbis Venereis, vol. ii. 4to. par. 1740. This author is particularly elaborate. We are not sure that Moses does not allude to some form of the venereal disease, in Levit. cap. xv. See also Duncan's Med. Commen. xiv. 254, et alibi.

* See also Book v. ch. 6, and Webster, vol. ii. p. 441.

* No class of persons, it seems, was exempt from its ravages; the *nunneries* even were favoured with a visitation from this unholy guest.

viz. the ulcers and their secondary symptoms; for, granting that the same description of ulcer might produce the same constitutional form of disease, it would by no means follow that the ulcer was produced by infection from another *sui generis*, since it is not known for certain what sort of ulcer will be produced by syphilitic matter from *any* species or form of ulcer, or chancre, nor indeed whether the contact of healthy parts may not in some cases prove a source of contamination. Mr. CARMICHAEL's conclusions are as follows:—

"First.—That the syphilitic chancre is attended by the scaly eruptions, lepra and psoriasis, an excavated ulcer of the tonsils, and pains and nodes of the bones.

Second.—That the simple ulcer, without induration, raised edges or phagedenic surface,—gonorrhœa virulenta, and excoriation of the glans and prepuce, are followed by a papular eruption, which ends in desquamation, pains in the joints resembling those of rheumatism, soreness of the fauces, and frequently swelling of the lymphatic glands of the neck; but that in a vast number, not a single instance was observed, in which nodes were an attendant upon this eruption.

Third.—That the ulcer with elevated edges, in the few instances in which I had an opportunity of tracing it to its constitutional symptoms, was followed by a pustular eruption, which terminated in mild ulcers, pains in the joints, and ulcers in the throat, but no appearance of nodes; yet that the instances in which I had an opportunity of witnessing distinctly the connexion between the primary and secondary symptoms of this poison, were too few to form a decided conclusion with respect to this particular.

Fourth.—That the phagedenic and sloughing ulcers are generally attended by constitutional symptoms of peculiar obstinacy and malignancy, viz. pustular spots and tubercles, which formed ulcers that spread in general with a phagedenic edge and heal from the centre; extensive ulceration of the fauces, particularly of the back of the pharynx, obstinate pains of the knees and other joints, while nodes are frequently present, and the bones of the nose are occasionally affected."—pp. 53—55.

This is very great *refinement*, and, as far as our experience directs us, it is *nothing more*. Here we have

The *syphilitic* ulcer;

The simple ulcer;

The ulcer with elevated edges; and

The phagedenic and sloughing ulcers.

And it would not have been difficult for Mr. CARMICHAEL to have enumerated half a dozen more, and then we should have had as many more plates to illustrate the varieties of patches on the body, which these said ulcers would occasion.

"Nothing, thou elder brother, even to shade."

We should have seen thee personified, and thy non-existence turned into a glorious exhibition of the graver's art.

But to be serious and brief, it does not appear to us, for the reasons we have already stated, that the doctrine of a multiplicity of venereal poisons, each producing its own specific ulcer, train of symptoms and constitutional appearances, can, from the present state of our knowledge, be maintained; although we should be pleased to find it established by the testimonies of other writers, instead of having to record facts directly tending to controvert it. Since, if the truth of the doctrine did not admit of doubt, it would necessarily simplify and advance this hitherto obscure department of human disease.

Mr. CARMICHAEL disapproves of terms *syphilis*, *pseudo-syphilis*, *syphilitical symptoms*, and *sequelæ* of syphilis, and, according to his view of a multiplicity of poisons, employs the following:—

"1. That form of venereal disease which is the most prevalent of all others, and is attended with the papular eruption, may be termed the *Papular Venereal Disease*. 2. That which produces pustules that terminate in ulcers covered with thin crusts, and which heal like common sores from their margins—*The Pustular Venereal Disease*. 3. That which is attended with spots that have less of the pustular character than the preceding class, and frequently with tubercles terminating in ulcers covered with thick crusts which extend with a phagedenic margin, and usually heal from their centre, may be termed the *Phagedenic Venereal Disease*, a term equally descriptive of the primary as of the secondary symptoms. 4, and lastly. That disease which I have hitherto distinguished by the name of syphilis (but which has been extended by other writers to every description of venereal disease, although it is probable that every other was known in Europe before it) may with much greater advantage be denominated the *Scaly Venereal Disease*, from the permanent scaly eruption which attends it; and thus may we liberate ourselves from a whole train of prejudices, which follow as the suite of the old appellations."

Whatever may be the merits of the author's theory, it does not, in any way, affect the usefulness of his descriptions, which are extremely accurate and scientific, and probably approach nearer (as do also his Plates) to the excellences of Willan and Bateman than those of any other author. The work, as a whole, is one of great practical utility, which is much enhanced by a judicious selection of cases. Although we cannot subscribe to our author's theories, we think his practice judicious, and would recommend to our readers an attentive perusal of his work. The non-mercurial plan of procedure is, in many cases, indispensable—in others to be preferred; and we do not know any other author who has been more happy in illustrating the diagnosis upon which this mode of treatment is to be founded; or, on the contrary, who has laid down with greater fidelity the appearances and symptoms which indicate the prompt exhibition of mercury. In syphilitic iritis, for instance, he has not been led away by the fashionable mania about alterants and purgatives, which, according to Mr. EUSEBIUS LLOYD, somewhat extensively prevails on this side of the channel.

REVIEWS FROM THE WEST.

Westminster Review.

Art. "Contagion and Sanatary Laws."

IT is generally supposed, by persons unacquainted with medical literature, that the late discussions have thrown additional light upon the laws of contagion. We cannot subscribe to this opinion. As yet we have not seen one fact or argument that has not been advanced and refuted by men who have taken no part in the present controversy. Nothing can, therefore, be more unfounded than the prevailing supposition, or show more forcibly the fallacy of the position laid down by the Westminster Review — that every man is capable of deciding upon

this question. A great deal of importance seems to be attached by both parties to the evidence given before the Committees of the House of Commons, but we think, unjustly. It is not by the scanty information afforded by a few individuals, that the subject ought to be disposed of, one way or the other. Testimony so limited, can bear no proportion to the extent and difficulty of the question to be decided. Nothing less than a thorough and impartial examination of written documents ought to entitle any man to be considered competent to deliver an opinion worthy of confidence upon the subject. As far as we have been able, (and perhaps our opportunity of consulting authorities was as great as that possessed by many others,) we have done so, and we regret to say, that our labour was rewarded by a discovery of facts the most opposite in their nature; arguments the most contradictory; and statements the most suspicious, in this vast field of medical controversy. It would be in vain for us to attempt to give anything like an analitical digest of this chaotic mass of facts, arguments and opinions, convinced, as we are, that the task of reconciling so many contradictions would be quite beyond our means. We shall therefore be content, for the present, with placing before our readers such facts and arguments as will be found to bear particularly on the articles in the W. R., as we perceive that they have been powerfully instrumental in influencing the public mind. We may, we think, without any offensive affectation of superiority, say, that we have shown, that the writer of these articles is not invulnerable; that a desire of generalization, for the purpose of drawing sweeping conclusions, had betrayed him into many and gross errors. We may be also allowed to say, that we think the medical question of contagion has been unnecessarily mixed up with matters tending very much to bias a portion of the public against the doctrine of contagion. Perhaps there is more than mere philanthropy or a love of truth actuating those concerned in the present dispute. It has latterly taken too much of a commercial turn, to be without suspicion of something of this kind. We should regret, as much as any political economist, that the commercial interests of the country should be sacrificed to any law founded upon a mere presumption that contagion could be conveyed in a bale of cotton. Yet we cannot get over Dr. Maclean's predilection for the Lyceum of Liverpool as the theatre of unfolding his great discoveries. We may be wrong, but there are other things which also tend to confirm our unworthy surmises. "Rival Reviewing" may not have had any share in the present affair; but it is well known that a northern journal of great celebrity has recorded its opinions on the subject of contagion, and that they are diametrically opposite to those entertained by a rival on the south of the Tweed. As to the London daily press, that comments upon all things, human and divine, "Scribimus indocti, doctique poemata passim," it could not be expected that the subject of contagion could have escaped the vortex of its om-

niscience. As long as a morning journal preserves the purity of the administration of justice in England, we have no doubt but the approbation of a quarterly cotemporary will be repaid with interest. It is gratifying to see men grateful for favours, and softening the asperities of political warfare by an occasional interchange of civilities. However, while the arguments of the one are confined to representing contagion as a "popish trick," and those of the other, to a partial selection of ridiculous stories, in order to bring the supporters of contagion into contempt, we think little reliance should be placed on a union of such authorities. Having thus pointed out a few of those topics unnecessarily, we think, mixed up with this question, we shall proceed to the article before us. In doing so we must say, that we do not mean to *plead specially* on the writer's facts or arguments; we shall merely show the public the manner in which they have been imposed on by a combination of circumstances connected with contagion, placed before them in a novel form, without being at all new. We shall show that the same objections as those put forward by the writer in the W. R., were raised against the doctrine of the contagious nature of plague, typhus, and yellow fever, and refuted in 1808. It should be recollected, that much stress has been laid by the W. R. on the distinction between epidemic, sporadic, and contagious diseases; and between chronic and acute contagions, and the laws by which they are regulated; such of which subjects has been treated by the American writer alluded to, Dr. Hosack, of New York, while he has drawn conclusions from these matters the very reverse of those made by the Westminster Reviewer, who enumerates his former labours in the following complacent strain, and in much the same tone announces his present intentions.

"In considering the subject of contagion in our last number, we stated, in detail, the laws which regulate contagious and epidemic diseases. We pointed out the source of error which has led both medical and unprofessional men to confound maladies so opposite and incompatible. We adduced evidence that the plague and yellow fever belong to that class, not of contagious, but of epidemic diseases; and we proved that neither of these affections is capable of being communicated from one person to another. We are obliged to postpone the consideration of the evidence on which the advocates for the contagious nature of these diseases ground their faith. As it is our wish to exhibit to the reader a complete view of this important subject, we proceed to the statement of that evidence, after which he will have the whole case before him, and will be competent to form an opinion of it for himself."

We confess we were somewhat surprised, after this parade of promise, to find his facts confined to a few ridiculous stories, which the most credulous could not believe. Among the list of ancient authors, he enumerates Fracastorius, Alexander Benedictus, Forestus, Noah Webster; among the moderns, Witman, Russel, Assalini, Granville, Pym, Abercombie, and Tully. The reader who should form his opinions from a perusal of the writings of these authors, would run some risk of falling into error. At all events he would not have the whole, or one half of the case before him. We shall therefore supply the

Reviewer's omission, by one writer, and the facts which are stated by him. He writes thus:—

"As far as I have examined the subject, it appears to me to be more a dispute about *words* than about *facts*. The greater number of medical writers enumerate, in the list of contagious diseases, all those that are communicated from one person to another, whether by *contact, fomites, atmosphere*, &c. without designating the *circumstances* attending these several modes of communication. Lind, in his papers on contagion and infection, (which he considers synonymous terms,) is guilty of this error, in which he has been followed by most writers on fever, &c. The late Dr. Bayley, in his account of the fever that prevailed in New York in 1795, proposed a distinction between contagious and infectious diseases. He made use of the first term to denote such as are communicated under any circumstances of the atmosphere, whether pure or impure, as small pox, measles, &c. Infectious diseases he denominated those which are communicated in consequence of an impure or vitiated state of the atmosphere; i. e. that the impurities of the atmosphere communicated the disease, not that the air contains any *specific material* derived from the patient, except such as may be derived from the uncleanliness of the patient; this distinction, proposed by Dr. Bayley, is, in my opinion, an approach nearer to the truth than any which his predecessors advanced, but it does not present us with a view of the *whole truth* upon the subject. The visitor contracts disease from one of *two sources*; either from the filth of the sick room, or from a *specific something* issuing from the body of the sick, the consequence of the peculiar disease under which he laboured. If a person visiting another ill of the plague or the yellow fever, derives his disease from the *impure atmosphere* of the apartment, I ask how it happens, that in all instances he contracts the *same disease* with that of the person whom he visits. Why is not his disorder an *intermittent*, a *remittent*, *jail fever*, or *dysentery*, which are considered the usual produce of filth? If he derives any thing *specific* from the sick, his disease is then not assuredly to be considered as occasioned by the *atmosphere*, but depending on the *peculiar condition of the fluids*, or state of the system induced by the action of a specific poison; in other words, it is to be considered a contagious disease. The distinction of Dr. Bayley, inasmuch as it does not account for the communication of the *peculiar form* of fever or disease, that is thus propagated, I therefore consider to be insufficient to account for the circumstances attending the communication of those diseases to which it is applied. That I may not be misunderstood, I will suppose A. to be ill of dysentery, a disease well known to be attended with a *peculiar train* of symptoms; he is in a small, confined apartment; his person is neglected; the atmosphere around him is rendered impure and offensive; under these circumstances B. visits him, and in a few days afterwards is taken ill of the *same disease*, attended in all respects with the same dangerous symptoms which characterize the disorder of A. —Dr. Bayley, and all those who adopt the doctrine of *infection* as opposed to *contagion*, consider the disease of B. to proceed from the *impurities of the air* of the chamber, and not any thing *peculiar* emanating or secreting from the body of A. But as we may, without *hazard*, visit an equally filthy chamber, where C. lies ill of cholera morbus, or D. with a *broken* limb, I therefore ascribe the disease of B. to something more than the impure air of the chamber of A. I ascribe it to a *peculiar virus* generated in his system by the disease under which he labours, and communicated by his excretions to the surrounding atmosphere, rendering it thus capable of propagating the same disease to those who may be exposed to its influence. The communication of this virus from the sick to the well, in whatever form it may be conveyed, as uniformly *produces the same* disease *as inoculation excites the small pox*, or vaccination conveys the vaccine virus. So far there is something in common in the communication of infectious and contagious diseases."

We are certainly much obliged to the Yankee for these unanswerable

observations. He next proceeds to form an arrangement of diseases communicable from one to another, dividing them into three classes; 1st, Such as are communicated exclusively by *contact;* 2dly, Those that are communicated by contact, and through the medium of the atmosphere; and, 3dly, Such as are propagated in an impure atmosphere only, anticipating, in fact, the arrangement of the W. R. but drawing quite a different conclusion. While he admits the influence of an impure atmosphere in the propagation of disease, he also shows that that alone is not sufficient to account for the disputed phenomena, thus acting as a sort of mediator between the contagionists and non-contagionists. We shall now state some facts from the same author on the contagious nature of yellow fever.

"The disease which produced the fatal effects now to be related, commenced in the family of Elizabeth Johnson, a widow, who lived in the main street of the village of German Town, about six and a half miles from Philadelphia. The person first affected was her child Betsy Johnson, who had been in Philadelphia from the 3d to the 7th of August, in a neighbourhood where several cases of the yellow fever had occurred. She returned home on the 7th, and, on the 9th of the same month, was attacked with the fever, which terminated fatally in four days. Fourteen days after her death, Mrs. Drey, the next neighbour of Mrs. Johnson, who had visited Betsey several times during her illness, was attacked with a fever supposed to be of the same kind, and died at the end of four days. On the 30th of August, the wife of Charles Hubs, who also lived near Mrs. Johnson, and visited Betsey and Mrs. Drey once, at least, during their illness, but had not been in Philadelphia for several months, was attacked with unequivocal symptoms of yellow fever in its most malignant form, and died on the 2d of September. Mr. Drey, husband of the above mentioned Mrs. Drey, was attacked sixteen days after the death of his wife, and also died. A few days after the death of Mrs. Drey, an English gentleman and his wife, of the name of Fisher, who had fled from Philadelphia on account of the fever, went to board with Mr. Drey, and were placed in the chamber occupied by his late wife; they were also attacked with fever. Mrs. Fisher recovered; her husband died of the black vomit. At the same time the disease reappeared in the house of Mrs. Johnson, in a young girl, who recovered. Soon after the attack of this girl, Mrs. Johnson was taken ill of the same disease: she had visited Mrs. Drey and Hubs, while they were sick, four or five days before her own attack commenced, but had not been in Philadelphia for a month. She died in eight days. A few days after the death of Mrs. Johnson, Elizabeth Sterne, a woman who had lived in the family, was attacked with yellow fever, and died in a fortnight. The wife of a tenant of Mrs. Johnson, who lived in the same house with her, was also attacked, and with difficulty recovered. The last victim was Stephen Port, who lived at a distance, but worked in Mr. Drey's barn, where the bed on which Mrs. Drey died was placed; he died in four days. These melancholy circumstances have occurred in a village which has been long remarkable for its salubrity. In most of these cases, the disease seems to have been contracted at the house of Mrs. Johnson, and before this time distinguished for the longevity of its inhabitants. The family were extremely neat, and it may be asserted with confidence, that the premises were never more clean than at the time of this distressing occurrence. What cause but contagion is adequate to the production of such a disease among persons so situated?"

The only comment we shall offer upon these facts, is an extract from the W. R. as showing the manner in which that writer would in all probability attempt to refute them.

"In 1823, the yellow fever prevailed at Sierra Leone, and at the Island of Ascension, in the Ban sloop of war. In all these places the disease was supposed to have a common origin, and Sir GILBERT BLANE believes, and has endeavoured to prove, that it arose in a merchant timber vessel called the Caroline, and was propagated thence by contagion. The Caroline arrived from Europe with a crew perfectly healthy; she landed her crew at Tamboo Island: during this time, which was considerable, she lay in a low swampy situation, surrounded with mangroves; in a month after she had been on this station, her crew became sickly; but it was not till three months after her arrival on the coast, that any other men became decidedly affected with yellow fever. Almost simultaneously with, yet somewhat previously to, her sending to the hospital on shore the first man affected with the disease, it had appeared in the colony. All this time, says Dr. BARRY, physician to the hospital, the fever had begun its ravages on the shore, and consequently, as this gentleman observes, the disease could not have possibly been communicated to the colony by the Caroline. While the crew of the Caroline were in a sickly state, she was visited by the master of the Ban, by the master of the Snapper, and by the carpenter and carpenter's mate of the Owen Glendower frigate; these persons remained on board several hours; one of the officers, namely the master of the Ban, was afterwards taken ill of the fever, and he continued ill for two days; in the mean time, the crew of the Caroline had constant communication with the boats' crews of the different men of war at the watering place, without communicating the disease to a single individual. * * * * The Ban sailed from Sierra Leone on the 27th of March; four days after, three of her men became affected with fever; in three days more, four others were added to the list, and from this period the disease spread very rapidly, and proved extremely mortal. She reached the island of Ascension on the 25th of April; her sick, 45 in number, were immediately landed; tents were pitched 500 yards from the garrison, and all intercourse was interdicted. At this period the garrison was in good health; in two days after the sick were landed, one case of fever occurred in the garrison; twenty days after, another person was taken ill, and subsequently the disease attacked twenty-eight persons. While the Ban was at Ascension, the Drover sloop of war arrived from Sierra Leone with her crew in perfect health. Two clerks were sent from her on board the Ban; they were both taken ill; two other officers visited the Ban, neither of whom were affected. The Ban sailed from Ascension on the 2d of June; she arrived at Bahia on the coast of Brazil on the 10th of the same month; among other vessels there, she found the Tartar frigate; a boat from this frigate came along side her during a heavy rain; the boat's crew sheltered themselves on board; in a few days after, some of this crew became affected with fever."

After having explained to his own satisfaction the propagation of the disease in the cases just recited, the Reviewer concludes with these remarks, which the reader may take as a specimen of this writer's manner of reasoning upon facts.

"With respect to the alleged communication of the disease from the Ban to the Tartar frigate at Bahia, we suppose no person will expect of us to reply to an argument in favour of contagion, founded upon the circumstance, that part of a boat's crew, having taken shelter on board a vessel during a heavy rain, became soon after affected with fever; and, with reference to all these events, we fear the reader will scarcely forgive us, for detaining him with things so frivolous."!

And why should not the reader expect an explanation of these curious facts from the reviewer, as well as of many other facts which he has attempted to explain? Had these boatmen not caught the contagion, we should, in all probability, have the occurrence *italicized*, and pointed out as

an additional proof of the non-contagiousness of yellow fever. But he knew that the fact admitted of no satisfactory explanation, and he makes use of this paltry subterfuge to get rid of the difficulty. He could here resort to the stale artifice of saying, that the interval between the reception of the contagion and its effects, was *too long*, or *too short*, or that it was a mere *coincidence*. These magic words must soon fail of helping him out of the difficulties into which he must soon fall from the accumulation of facts. But why press him farther upon this question? Has he not admitted, to cap the climax of his contradictions, the truth of the doctrine of contagion in its fullest sense, in the following sentence? "*And yet there can be no doubt that fever is capable, under certain circumstances, of generating fever.*" For an explanation of this admission, we refer the reader to the passage where A. B. C. occur in Dr. Hosack's letter. In the mean time we shall resume this subject.

FOREIGN DEPARTMENT.

ANALYSIS OF FOREIGN MEDICAL JOURNALS.

ARCHIVES GENERALES—MARCH.

On the treatment employed at the Hotel Dieu of Orleans, in the Diseases occasioned by Lead.

WHILST in Prussia these complaints are combated with large doses of animal oil, narcotics, stimulants, purgatives, and diuretics, in Austria and in England recourse is had to large doses of opium, either alone or combined with purgatives. At the different hospitals of France various methods of treatment are adopted; the antiphlogistic, with local bloodletting in some, and counter irritation in others; the system pursued at the Hotel Dieu of Orleans differs from the whole, and the success which attends it is so striking, that it may be considered worthy of some attention.

"I have," says the writer of the article in the Archives, "observed most minutely the patients which were admitted during one month, and who were submitted to the following novel treatment. These cases were all in the clinical wards of M. RANQUE, and the considerations which induced him to pursue this plan were principally the following: All the disorders produced by lead, not attended by pyrexy, thirst, or dryness of the tongue, are considered as simple neuralgies; the saturnine neuralgia has its primitive seat in one or more of the splanchnic ganglia, and that it is there that the influence of the lead on the organization is first perceived. The pains felt in other parts, not supplied by the splanchnic nerves, are secondary only, and are dependent on the sympathetic action between these ganglia and the spinal nerves; then if pyrexy, thirst, dryness of the tongue, and so on, should appear, that state is regarded by M. R. as the third degree of action of the lead on the system. Then follows the manner in which the evil is proposed to be removed, namely, that of acting upon the extremities of the nerves distributed to the surface of the body from the spine, and on the nerves distributed to the surface of the mucous membrane of the intestines." Such are the views which the person who introduced the treatment took of the disease, and on which he founded his therapeutical system.

The means to be employed are few in number; they consist,—1st, of an epithema, which he has called the *Abdominal Epithema*, with which the whole of the body is covered, from the xiphoid, or ensiform cartilage, to within a short distance of the pubis. Its composition is as follows:—

℞. *Diachylon gummi*, ℥ss.
Theriacæ, ℥ss.
Emplastr. ceræ, ℥ij.
Camphoræ pulv. ℈j.
Sulphur, ℥ss.

Melt them well together over a gentle fire, then let the plaster be spread

on a piece of leather sufficient to cover the abdomen, and sprinkle on its surface, before you apply it, the following powder, camphor and tartarized antimony a drachm and half, and sulphur half a drachm; mix them together.

The second application is called the *Lumbar Epithema*, which is to be placed on the loins, extending from the last dorsal vertebra to the sacrum. Its composition is as follows.

℞. *Empl. ceræ partes duas.*
Diachyl. gum. partem unam.

Liquify them by a gentle heat, and then add camphor and sulphur, of each one drachm. The third remedy to be employed is an anti-neuralgic liniment, composed of the distilled laurel water, two ounces; of sulphuric ether one ounce, and extract of belladonna two scruples. About two large spoonfuls are to be employed in friction for an adult. The last weapon with which the said saturnine neuralgy is to be attacked is, a *lavement* composed of twenty drops of the tincture of belladonna, and four ounces of olive or almond oil. Demulcent drinks are at the same time employed—as the pearl barley water, milk whey, and so on.

The abdominal epithema is to be removed as soon as the pustules begin to appear, but it should be renewed if the pains are not removed in the two first days. The lumbar epithema may remain on five or six days without any inconvenience. This application is considered as sedative; whilst the abdominal epithema acts as a sedative and revulsive, the liniment comes in to the aid of these two, and the injection is given for the purpose of overcoming the obstinate costiveness which usually attends this complaint. Wherever the pains may be seated—in the head, neck, or extremities—provided there is no fever, then M. RANQUE attacks them with the anti-neuralgic liniment and the *epithema abdominale*. When any cerebral excitement takes place, it is treated by bleeding from the temporal artery, the application of cold to the head, and revulsives, or counter irritants, as sinapisms to the knees and feet; if any abdominal inflammation should appear, it is to be treated in the ordinary way.

CASE I.

Two brothers, one aged 10 and the other eight years, had been in the habit of working on a premises where white lead was manufactured, and they were taken just about the same time with severe pains in the abdomen and vomiting. The elder, however, had these pains the most severe. Both of them were submitted to the following treatment: the epithemas before described were applied to the belly and back, and the antineuralgic liniment was applied on the arms and legs. In the younger boy every symptom was quite removed in twenty-four hours, and the other, who had been purged freely before this mode was adopted with any relief, became, within the same period, sensibly relieved. He was directed to continue the frictions, and to take plentifully of demulcent drinks. On the third day, only a few wandering pains in the limbs remained, for which the abdominal epithema was ordered to be applied to the knees, the same drinks to be continued, and the same liniment to be used. On the following day the pains were quite removed from the extremities, but there was a slight return of the colic. In two days more the cure was completed.

CASE II.

Bonchet Nicolas, aged 53, employed in the manufacture of subcarbonate of lead, came into the hospital on the 6th of February, having been ill five days, tormented with violent colic; abdomen tense, obstinate costiveness, high coloured urine, with dull pains in the extremities, great prostration of strength, and anxious countenance. The whole of the surface of the body had a considerable jaundice tint.—Ordered a hip bath, and the anti-neuralgic liniment to be rubbed on the legs; the epithemas to be applied to the abdomen and back, and the demulcent drinks to be taken freely. On the 7th, the pains in the limbs were less, and altogether a little better. The same treatment to be continued as on the preceding day. The 8th, still better, but the costiveness very active. The anti-neuralgic lavements ordered in addition to the other treatment, which produced a copious eva-

cuation, and, with great relief, a general remission of all the symptoms. He continued to use the hip-bath daily until the 14th, and the frictions with the liniment, but the injection was discontinued; at which time the skin had recovered its natural appearance; the abdomen became soft, and without any pain on pressure. The diet allowed the patient was gradually increased, and on the 20th he went out quite well.

This was the third time that Bouchet had come to the hospital for this complaint, and the same success at each time attended this mode of treatment. The second time of his coming, the symptoms were so severe that they were accompanied with epileptic symptoms. The following case presents more interest than the preceding, on account of the severity of the symptoms and the readiness with which they yielded to the treatment employed.

CASE III.

Minet, a brazier, about 45 years of age, came into the hospital, complaining of very severe pains in the belly; his pulse was small and frequent, his face pale, and distorted from the severity of the pain; the abdomen flattened and very painful on pressure; frequent inclination to vomit, and occasionally greenish matter was rejected from the stomach. Ordered the hip bath; frictions with the liniment on the belly and loins; barley water and low diet. On the following day, little alteration in the symptoms, and he was consequently directed to apply the revulsive plasters over the back and bowels, to rub the liniment on the thighs and legs where the pain was severe, and to continue the bath and low diet. On the third day the nausea was less frequent; the pains in the extremities also less, but a very obstinate constipation continued from the commencement of the disease. The same remedies were continued. On the fourth day, the colic was rather more severe, and the injection was ordered. On the fifth, an evacuation was procured from the bowels, which produced great relief, the patient complained only of great weakness. A daily improvement was now perceptible, and the eighth day of being in the hospital all the functions were restored to their healthy state.

Such is the treatment which M. R. has adopted, very extensively, at Orleans, and with, as he asserts, invariable success. It is worthy a trial by those who are frequently called to patients labouring under these distressing complaints.

Operation for new Palate.

M. Roux has lately repeated the operation for a defective palate, and has succeeded as well as he could almost have expected. The edges of the divided palate united throughout their whole length, except about a quarter of an inch at the back part of the true palate, between it and the velum.

We understand that the operation for the cleft palate was performed by a surgeon at Berlin, two years before M. Roux attempted his first case on Mr. Stevenson, but from the little attention then paid to German surgery in this country, was not noticed.

GERMAN JOURNALS.

Beschreibung der volligen Ausrottung einer nicht vorgefallenen carcinomatösen Gebörmutter. Von Dr. Holscher.

Description of the extirpation of an Unprolapsed Carcinomatous Uterus. By Dr. Holscher.

"Madame Von C——cht, from Hildesheim (a town in Hanover), of strong constitution, middle stature, light coloured hair, and full habit of body, was married when only fifteen years old, and was the mother of four children. Until her 30th year she had enjoyed a tolerable state of health, although she had suffered a good deal of affliction. In 1822, when in the third month of her fifth pregnancy, she undertook a small journey; during the route, the horses became flighty, and Madame Von C——, in her attempt to jump out of the carriage, miscarried. A very considerable hæmorrhage took place, and was followed by an inflammation of the bowels, which confined the patient to bed for three weeks. From this time her health became shattered, and a copious vaginal blenorrhœa kept her

in a state of great weakness. In the summer of 1823, she was attacked with cough and pain in the chest, for which she was advised to try the Pyrmont baths, and by the use of these the pain and cough were relieved, but the discharge continued the same. By an examination *per vaginam*, it was soon discovered that the cause of this was not merely weakness, but that an alteration had already taken place in the vaginal portion of the uterus. In the month of August 1823, her general health again became much disturbed; she was attacked with an intermittent fever, and the vaginal discharge assumed a very bad character. Dr. H. was informed (for up to this time he had not seen the patient) that every examination, even when conducted with the greatest care, occasioned a greater or less degree of hæmorrhage, and was attended with considerable pain, which convinced him of the existence of a fungus at the mouth of the uterus, together with ulceration of the same part.

On the 9th of January 1824, Dr. H. was first called to the patient, when he found her much emaciated, with the countenance pale, but not of an earthy colour, which symptom is maintained always to be present in the advanced stage of scirrhus uteri. The pulse was small and quick, but the respiration was natural, and she had no cough nor pain in the chest. Her appetite was good, but she complained of great thirst. The abdomen was perfectly soft, and nowhere painful on pressure, except in the situation of the uterus. The patient had latterly lost a good deal of blood, and the hæmorrhage generally occurred whenever she exerted herself, or was examined *per vaginam*. The catamenia appeared every three weeks, and in the usual quantity, but were mixed with the flaky discharge. She particularly complained of pain in the back, heavy weight in the pelvis, and a desire to make water when she raised herself. On examination, Dr. Holscher found the uterus completely encircled with projecting fungi, so that it was with some difficulty he could move the finger about in this organ. On the left side, some of the fungous protuberances had been torn off in the previous examinations, and on that side the finger could be got higher up the uterus than on the other. This investigation was not attended with any loss of blood, but was exceedingly painful, especially on introducing the fore finger into the uterus. The external parts of generation were free from disease; and, on examining her rectum, it was found that the surrounding parts were also sound. The patient was perfectly sensible of the nature of her complaint, and was quite willing to undergo any operation which afforded her the slightest chance of relief."

Operation.

"On the 5th of February 1824, Dr. Holscher performed the operation in the presence of Dr. Heine, Dr. Kunfmann, and several of his pupils. The bowels and bladder were first emptied, and the patient was then placed in the horizontal position, with the legs separated from each other. An assistant pressed down the uterus, and pushed the intestines upwards, whilst the operator conveyed a scalpel along the middle and fore-finger of the left hand to the mouth of the womb. The instrument was then carried round the fungus, and the uterus separated from nearly the whole of its connexion with the vagina. The patient lost, at this step of the operation, about five or six ounces of blood. The operator now introduced his left hand into the vagina, and seized the carcinomatous mass, but was unable to pull it down. Although the description of Sauter's operation had determined Dr. Holscher not to occupy himself much longer in attempting to effect a descent of the womb, yet he judged it advisable to convince himself, by one trial more, whether it was possible or not. The operator had provided himself with several pins of brass, of the size of a crow's quill in thickness, about a foot in length, easily bent, and rather sharp at the point. One of these was conveyed, with the point slightly bent, along the fore-finger of the left hand, and attempted to be pushed above the carcinomatous mass, into the cervix uteri. The left hand was then conveyed to the other side, in order that the instrument might be carried more easily through the cervix, the

point of which the operator hoped that he should be able to lay hold of with a wire forceps (or a piece of wire bent into the form of a forceps), and thus effect a descent of the womb. But he was soon convinced, that the carrying of the wire through the substance of the uterus, to its outer part, so as to meet the instrument, would be attended with great difficulty and loss of time; and, even if he succeeded in getting it through, it would most probably slip, and therefore he relinquished the trial. He then determined on immediately removing the carcinomatous mass, which considerably impeded the performance of the operation. A circular knife was then conveyed, along the fore and middle finger of the left hand, to that part of the uterus from which the fungus had been torn off, and then carried, in an oblique direction, from right to left. After the extirpation of this mass, a hæmorrhage, to the amount of two or three ounces, took place, which was, however, soon stopped by the application of a sponge moistened with vinegar. The uterus was now more easily to be got at, and the operator introduced a sharp-pointed knife along its outer edge, as far back as the fungus. An opening being thus made, the circular knife was introduced, and the uterus separated from all its lateral connexions, after which it was easily removed. The operation lasted thirty-five minutes, and the whole quantity of blood lost amounted to no more than nine or ten ounces. The intestines did not in the least protrude. Some fine sponge was introduced into the vagina, and the patient conveyed to bed. Her hands, feet, and countenance were cold, and the patient was evidently much enfeebled by the operation. Some wine and water, together with an anodyne, were given. The patient passed a very restless night, and on the following morning was attacked with vomiting; the abdomen became distended, and in the lower part painful to the touch; the pulse feeble; and in twenty-four hours after the operation she died."

Post-mortem Examination.

On opening the abdomen, not the slightest trace of hæmorrhage was to be seen. The opening in the peritoneum had closed to the size of a hen's egg, and would have soon united if the patient had survived. There was no sign of carcinoma in any part, and the ovaries were quite natural. The intestines were distended with flatus. —*Graefe and Walther's Journal der Chirurgie.*

Extract from Dr. Spurzheim's Observations on Insanity.

"The causes of our ignorance in insanity are numerous. First, the examination of this subject is extremely difficult, and often considered as beyond the medical profession. Instead of multiplying the observations, and making use of every opportunity, medical people are, in a great measure, excluded from this branch of practice; and in general they make the treatment of insanity not a leading part of their professional acquirements. Those who have opportunity are often engaged in another line, and for want of time do not pay the due attention to this object. Others fear any innovation, and, from want of courage to exercise their own powers of reflection, follow the doctrines of their predecessors or of titled contemporaries. It is, indeed, to be lamented that, from public institutions and from private establishments, where opportunity of inquiring into this disease occurs, no more medical communications are made. I think with Pinel, that 'he who cultivates medicine ought to pursue a frank and open system of conduct, and not seek to conceal the obstacles which he meets with in his course. He ought to feel no reluctance to show what he discovers.' The contrary, however, often happens. Indeed I have met with several medical men who prevent others from inspecting their establishments, and who, as Pinel says, 'under the veil of secrecy intend to give a sanction to pretensions to which they have no just nor exclusive claims.'

Moreover, nothing is done to teach medical pupils that which is known. The notion of insanity, which any one acquires, depends on his own application. There are no lectures on this important branch of medical knowledge, while, at certain universities,

medical students are obliged to attend lectures on the diseases of animals and on the veterinary art. I however think with Dr. Rush, that the knowledge of the human mind is so important even in the general practice of medicine, that it should be the *Vade-Mecum* of every physician. Finally, it was quite impossible to improve the doctrine of the deranged manifestations of the mind, because their healty state was not understood.

The history of insanity is necessarily connected with that of the human mind. Hence the different opinions of it are always conformable to the prevailing doctrines of philosophy. Those of the ancient philosophers, who believed in the soul of the world, and considered the soul of man as an emanation, the matter as inert, and every activity as the effect of some spirit;—those who ascribed the efficient cause of all operations of man to the mixture of the elements of his body;—others who admitted two principles, a good and an evil one;—or who maintained the existence of spirits of different orders, and an intercourse between the spiritual and material worlds, and who supposed invisible spirits to molest the human soul;—or who considered the soul as essentially pure, incorruptible, and the grossness of matter as the cause of the disturbances of the soul;—naturally, according to their theoretical opinions, contended for different causes of the deranged manifestations of the mind, and modified their curative plan accordingly."—*Introduction*, pp. 4-6.

ST. GEORGE'S HOSPITAL.

The Anniversary Dinner of this Hospital took place at the Thatched House Tavern on Monday last; about 90 Gentlemen sat down to a very excellent repast.

H. Jefferys, Esq. was in the Chair, supported by Sir Everard Home and Dr. Hewitt.

After the cloth was removed, "Non Nobis" was sung in good style by Messrs. Bellamy, Broadhurst, and Cooke.

The Chairman then gave "*The King*," which, by some strange error, was drunk *without the usual honours!*

"God save the King."

"The Duke of York, and the rest of the Royal Family," was received with the same apathy as that of the Sovereign.

Glee, "How merrily we live that soldiers be."

The Chairman then rose to propose a toast; he said, as he was unaccustomed to public displays, he should not detain the truly respectable company which he saw around him by any long speeches. In giving "Success to St. George's Hospital," he was satisfied it needed no eulogy of his to convince those who had honoured him by their company that day, that it was an institution which fostered genius, and brought into action, for the benefit of mankind, some of the brightest ornaments of the medical profession. (Loud applause.) This was the twelfth Anniversary, and, he was happy to say, that the Hospital was conducted in all its branches with zeal, talent, and honourable feeling, which had obtained for it the confidence of the public and the approbation of its governors. (Loud cheering.)

Song, Mr. Broadhurst, "John Anderson my Joe."

The Chairman observed, that he presumed he was addressing all classical men, he should therefore, without apology, give "*Mater omnium*," and if any Gentleman required an explanation, he should refer him to their reverend Chaplain, Mr. Hughes. (A laugh.)

Song, Mr. Cooke, "The Mountain Maid," which was sweetly sung.

"The President and Royal College of Physicians."

Dr. CHAMBERS briefly returned thanks; he said the College of Physicians looked to St. George's Hospital as the source from which it derived some of its most able and distinguished Members. (Applause.)

"The President, and the Royal College of Surgeons."

Sir EVERARD HOME said, As a member of that learned and distinguished body, he rose to express its thanks for the very flattering manner in which the enlightened company that he had the honour of addressing had conveyed their anxiety for its reputation and honour. That learned

and enlightened body, the College of Surgeons, whose well-being was the pride and boast of all professional men, who really felt for the dignity of the medical world, whose wisdom was not confined to the country that had given it birth, but had become equally known and justly celebrated in all parts of the civilized world, and whose *honourable dealing* stamped it as the most illustrious ornament of a valuable profession. If he had any *merit*, and he trusted *he might lay claim to some*, without exposing himself to a charge of vanity, he was indebted for it all to St. George's Hospital. (Applause.) St. George's Hospital was the cradle of his hope, the nursery of his talents! (Here the speaker made what sailors call a *dead lurch*, which gave rise to an exclamation from an arch student on our right, that "such nurseries produced but *rickety children.*") That Hospital had, on many occasions, received the benefit of whatever zeal and talent he was master of, he felt a *paternal* affection for it, and of this he was convinced, that, under such management as it at present enjoyed, it must ever stand, as it now did, in the foremost rank of justly earned popularity. (Loud applause.)

Song, Mr. Taylor, "What's an old Bachelor like."

"The Master and Wardens of the Worshipful Company of Apothecaries."

Mr. BRANDE returned thanks on behalf of the Company.

Glee, "Would you know my Celia's charms."

"The Physicians of St. George's Hospital."

Dr. HEWITT said, it gave him much pleasure to find that the conduct of those Gentlemen had been such as to deserve the praise of so respectable a company; he could assure the Gentlemen present, that no zeal or attention should be wanting to merit a continuation of so flattering a compliment. (Cheers.)

Song, Mr. Taylor, "A cobbler there was, and he lived in a stall."

"The Surgeons of St. George's Hospital."

Sir EVERARD HOME rose, and again displayed his powers of oratory, in which we in vain endeavoured to follow him; similies, elegant, appropriate, and classical, rose in succession, like biddings in an auction-room, and before the mind had half recovered from the surprize of *one beauty*, it was called upon to wonder at its fellow, and so on even to repletion, (we had almost said satiety,) until at last *the Orator*, fatigued with the immensity of his labours, and crimson dyed with blushes, to our great relief, sat down.

Song, Mr. Broadhurst, "Scots wha hae," given with great energy.

"The worthy and respected Chaplain of St. George's, Mr. Hughes."

Mr. HUGHES returned his acknowledgments.

Song, Mr. Bellamy.

"Success to the Pupils of St. George's in their future prospects." (Applause.)

"The Westminster Medical Society."

Mr. LOCOCK said, he regretted the absence of Dr. South, who could have more adequately expressed the sense of the society of which he was a member. He rejoiced at the honour which had just now been shown to the Medical Society, and he believed the present company were sincere in their wishes for the success of that Society, but he could not help thinking that their sincerity would be better evinced by an attendance at its meetings.—(A laugh, and applause.)

A song by Mr. Taylor, in ridicule of craniology, which created much laughter.

Here Sir. EVERARD HOME, who seemed to think every compliment paid to him alone, or rather who installed himself as the universal *Amicus curiæ*, again rose, and made a speech in a style worthy of the very dotage of drunkenness, until, after having mumbled a long time to the great annoyance of the company, he was compelled to sit down amid the jeers and loud laughter of all present.

Dr. CHAMBERS, in a neat speech, proposed the health of the Chairman, who shortly returned thanks; after which the health of the Stewards was drunk, one of whom acknowledged the compliment.

We left the room at ten o'clock, at which time the company were enjoying, in the highest degree, the good things of the festive board.

MIDDLESEX HOSPITAL.

On the Abuses of the Cancer Ward Establishment.

The tendency of all human Institutions (however perfect in their formation) to degenerate and decay, is a melancholy truth, forced upon us by daily experience; and it would not be difficult to trace the various causes which operate in producing this effect. It will, however, be sufficient for our present purpose, to enumerate those causes which manifestly operate in producing a degeneracy of the Institution immediately under consideration—but more especially of that excellent and humane establishment, "The Cancer Ward." If imbecility and ignorance be allowed to fill a situation in the exercise of the duties for which talent is required—we need not ask what will be the result. On the other hand, if such a situation be filled by a man of "acknowledged talents," yet one who manifests an apathy, an indifference to the duties of his situation, will not the result be similar? It is true, the latter may avoid the "fatal errors" which mark the progress of the former, but his moral delinquency is still greater; now, as regards the Cancer Ward establishment of this Hospital, we can show, that imbecility and ignorance exist on the one hand, and *criminal indifference* on the other. It may not, perhaps, be generally known to our readers, that in 1792 a ward was fitted up and endowed by the late S. Whitbread, esq. expressly for the reception of patients labouring under cancerous diseases. Amongst other regulations for the management of this ward, we find the following:

"That in conformity to the particular wish of the donor, the name of every patient admitted into the ward fitted up for the reception of patients afflicted with cancer, shall be entered in a journal, and if, in the judgment of the medical gentlemen of the hospital, any extraordinary circumstance shall occur, or any remedy be discovered, a record shall be made and kept of the same, for the inspection of the public."

We have searched in vain for this "record"—non est inveniendum. It is true a *large book* was provided, *but since* 1815 *not a single entry has been made.** Really the trouble of keeping this book would have been but trifling, for the treatment of all the cases has been *exceedingly simple*; e. g. The "Senior Surgeon" admits a case of disease of the womb, *but which he never examines*, then "*ventures upon*" Mint Julep and Tinct. Opii, ad libitum, or, as a pleasing variety, Aqua Carui.

The other's practice is, *Pilul. Conii*, or *Pilul. Ferri, bis in die!!!*

Tinct. Opii, ad libitum; Brandy, quantum suf.

We will boldly assert this to be nearly the sum total of the practice employed in the cancer ward of this hospital. If any other practice has been adopted, where is the "record" that should be "open to the inspection of the public"? Whilst we are ready to admit the painful and humiliating fact, that cancer forms an opprobrium to medicine, and that, in our present state of knowledge, it must rank as an incurable disease. Yet, good God! are these sufficient objections to any further experiments? shall we content ourselves with watching the progress of a horrid, loathsome, and painful disease, without one solitary attempt "to grapple with the monster," without one single effort to stay its deadly progress?

—— crudelis ubique
Luctus; ubique pavor et plurima mortis imago.

We charge the surgeons of this establishment with a gross dereliction of duty, inasmuch as they have defeated the wishes of its humane founder, by a gross violation of one fundamental law of this establishment. They owe it as a duty to the hospital, as a duty to the profession—and, on the score of humanity, it is imperative, that they should at least *attempt* something to-

* This is probably not quite correct. It is not *more than nine months since that the book in question was ordered from the stationers*, and what cases it contains were copied by the *then* house surgeon from some memoranda in possession of Mr. Cartwright, who, for some reason or other, appears to have ceased to note his observations about the period referred to—Anno 1815.

wards the cure of this dreadful malady, and not content themselves with administering oblivious antidotes. Such practice may suit the imbecility of the Senior Surgeon, and, would to God! his practice were at all times nugatory; but of Mr. BELL in particular, (who professes to be zealous in the advancement of surgery, and who also *professes* "to watch over the interests of the hospital,") of him the public expect something more; we earnestly call upon him to shake off that "*criminal indifference*" which he shows upon this important subject, and we call upon the governors at large to look to this department, and not suffer the intention of its munificent founder thus to be frustrated by the ignorance or negligence of the medical attendants.

NOTICE TO CORRESPONDENTS.

In reply to R. S., we beg to state that we do not credit the rumour of Mr. JOE BURNS resigning his present situation, and accepting that of *Matron* to the Middlesex Hospital.

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